

## HOW DO YOU CONTACT US TO USE YOUR RIGHTS?

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

Privacy Officer  
CA Department of Health Services  
P.O. Box 942732  
MS 4722  
Sacramento, CA 94234-7320  
(916) 255-5259 or (877) 735-2929 TTY/TDD

## COMPLAINTS

If you believe that your privacy rights have been violated and wish to complain, you may file a complaint by calling or writing:

Privacy Officer  
CA Department of Health Services  
P.O. Box 942732  
MS 4722  
Sacramento, CA 94234-7320  
(916) 255-5259 or (877) 735-2929 TTY/TDD

or

Secretary of the U.S. Department of Health  
and Human Services  
Office for Civil Rights  
Attention: Regional Manager  
50 United Nations Plaza, Room 322  
San Francisco, CA 94102

For additional information, call:  
(800) 368-1019  
or

U.S. Office for Civil Rights at  
(866) OCR-PRIV (866-627-7748)  
or (866) 788-4989 TTY

## NO RETALIATION

We may not refuse to pay your bills or retaliate in any way if you file a complaint or use any of the privacy rights in this Notice.

## QUESTIONS

If you have any questions about this Notice and want more information, please contact the Privacy Officer, Department of Health Services, at the address and phone number above.

To get a copy of this notice in other languages, Braille, large print, audiocassette or on computer disk, please call or write the Privacy Officer at the number or address above.

## California Department of Health Services



## PHYSICIAN SERVICES AND EMERGENCY MEDICAL SERVICES CONTRACT BACK PROGRAMS

# NOTICE of PRIVACY PRACTICES

Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**PLEASE REVIEW IT CAREFULLY.**

## PRIVACY AND YOU

Your health information is personal and private. The Physician Services Contract Back Program (PSCB) and the Emergency Medical Services Appropriation (EMSA) Contract Back Program must keep your health information private. Your doctors and people that work with them send information to us when they ask us to approve and pay for your health care. PSCB/EMSA must give you this Notice of the law and your privacy rights and how we keep your health information private.

### CHANGES TO NOTICE OF PRIVACY PRACTICES

PSCB/EMSA must obey the rules of this Notice. We have the right to make a change in our privacy rules and use it with all PSCB/EMSA records. However, if we do make changes, we will rewrite this Notice and give it right away to persons whose health care is paid for through the PSCB/EMSA programs.

### HOW WE MAY USE AND SHARE INFORMATION ABOUT YOU

- ♦ PSCB/EMSA must obey laws on how we use and share your information. Your name, address, personal facts, medical services given to you, and your medical history, are used or shared for reasons connected with the payment of medical bills through the PSCB/EMSA programs. For example, we will use your personal medical facts to check if your health services can be paid according to the program's rules.
- ♦ PSCB/EMSA programs may also give out your personal medical information for running and managing government health care, such as paying bills through the Accounting Unit or during an audit of the programs.
- ♦ PSCB/EMSA may be forced by law to share personal medical information, such as by a court order or for workers' compensation purposes.

### WHEN WRITTEN PERMISSION IS NEEDED

PSCB/EMSA programs may use or share your information in limited ways. If we ever want to use your personal information for any reason not listed above, we will get your written permission.

### WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW?

- ♦ You have a right to ask us not to use or share your personal information in the ways described above. We may not be able to agree to your request because we need to share the information to pay your medical provider for giving you medical care.
- ♦ You have the right to ask that we contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable requests when necessary to protect your safety.
- ♦ You have the right to look at and get a copy of information that PSCB/EMSA programs have about you. Someone who has the legal right to act for you (your personal representative) may also look at and get a copy of this information for you. We have information about bills for your health care and some medical information that are used to approve services for you. You will be sent a form to fill out and will be charged a fee for the costs of copying and mailing records.
- ♦ You have the right to ask that information in your records be changed if it is wrong or not complete. We may refuse your request if the information is not made or kept by the PSCB/EMSA programs, or if it is already correct and complete. You may ask for a review of our refusal or send in a letter disagreeing with our decision.

- ♦ When the PSCB/EMSA programs share your health information for reasons other than paying bills or auditing, you have the right to ask for a list of whom we shared the information with, when, for what reasons, and what information was shared.
- ♦ You have a right to request a paper copy of this Notice of Privacy Practices. You can also find this Notice on our website at: [www.dhs.ca.gov](http://www.dhs.ca.gov)

### ◀◀◀ IMPORTANT ▶▶▶

**PSCB/EMSA DOES NOT HAVE  
COMPLETE COPIES OF YOUR  
MEDICAL RECORDS, BUT ONLY  
INFORMATION THAT IS NEEDED TO  
PAY BILLS SENT BY YOUR  
PHYSICIANS OR THE PEOPLE THAT  
WORK WITH THEM. IF YOU WANT TO  
LOOK AT, GET A COPY OF, OR  
CHANGE YOUR MEDICAL RECORDS,  
PLEASE CONTACT YOUR DOCTOR.**